



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3321

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|---|
| SERIAL NUMBER 10/715,084 | FILING OR 371(c) DATE 11/17/2003 RULE | CLASS 424 | GROUP ART UNIT 1614 | ATTORNEY DOCKET NO. 16865-00018 |
|------------------------------------|---|---------------------|-------------------------------|---|

APPLICANTS

Stephen M. Zappala, Andover, MA; ✓

** CONTINUING DATA ***** ✓

This application is a CON of 09/656,050 09/06/2000 PAT 6,648,872 which claims benefit of 60/152,718 09/07/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

02/12/2004

** SMALL ENTITY **

| | | | | |
|---|-----------------------------------|--------------------------------|------------------------------|------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY MA | SHEETS DRAWING 2 | TOTAL CLAIMS 8 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>oed</u> | | | | |

ADDRESS

MIRICK O'CONNELL
MIRICK, O'CONNELL, DEMALLIE & LOUGEE, LLP
100 FRONT STREET
WORCESTER, MA06108-1477

TITLE

Circumferential compression device for intracavernosal anesthesia and method for using same

| | | |
|---------------------------------------|---|--|
| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees |
| | | <input type="checkbox"/> 1.16 Fees (Filing) |
| | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
| | | <input type="checkbox"/> 1.18 Fees (Issue) |
| | | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |